

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033640

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8383

STATE FILE NUMBER

V3 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED AUG 22 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Missouri COUNTY St. Louis

c. CITY
OR
TOWN

Clayton

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Jewish Hospital

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

7514 Byron

(If outside, give location)
Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
ALEX

Middle
A.

Last
FREUND

4. DATE
OF
DEATH

Month

Day

Year

Aug. 17, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Widowed ☐

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

3/6/79

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Manager

10b. KIND OF BUSINESS OR INDUSTRY
Bottling Co.

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Bernard Freund

13b. MOTHER'S MAIDEN NAME

Julia Epstein

14. NAME OF HUSBAND OR WIFE

Pauline Freund

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Unk.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Dr. S. Freund-7507 Parkdale Avenue

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ASPIRATION, POST OPERATIVE

INTERVAL BETWEEN
ONSET AND DEATH

10 min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

POST-Op. - RESECTION OF GASTRIC

8 hrs.

DUE TO (c)

540.0 H ULCER

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a).

CARCINOMA OF SIGMOID COLON

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JULY 4, 1963 to AUG 17, 1963 and last saw him alive on AUG 17, 1963
Death occurred at 12:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Walter H.D.

22b. ADDRESS

457 N. Kingshighway St. Louis

22c. DATE SIGNED

8/18/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/18/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Herman Bindschopf, Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG.

AUG 19 1963

26. REGISTRAR'S SIGNATURE

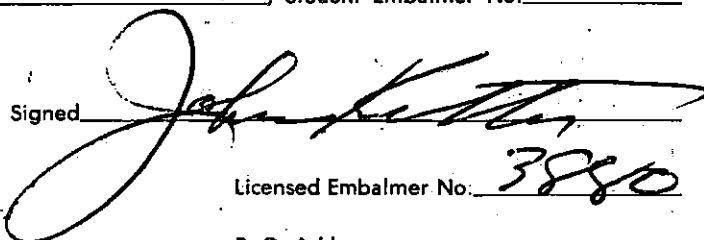
Paul Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 3880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.